PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

appropriate. All further indicated unless correcte maintenance fee notifical	correspondence includit ed below or directed oth	ng the F	Patent advance or	ders and notification of) specifying a new corre	maintenance fees v espondence address;	vill be mailed to the and/or (b) indicating	current con ng a separate	respondence address as e "FEE ADDRESS" for
CONNENT CONNECTION OF PERSON (NO. C.S. BIOW 7 TO BILLY CONNECTION OF PERSON					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CHICAGO, IL 60603-3406					(Depositor's name)			
								(Signature)
				L				(Date)
APPLICATION NO.	ATION NO. FILING DATE		I	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/994,088	9/994,088 11/14/2001			Jeffrey L. Trudeau		7115/90638 8571		
TITLE OF INVENTION		-						
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	<u> </u>		<u>, </u>	DATE DUE
nonprovisional	nonprovisional YES		\$7/20\$ 165	\$300	\$0 ¬	\$10	20 \$ 105	10/09/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS	_			
PHILOGENE, PEDRO 3733				606-103000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fitch, Even, Tabin & Flannery 2 3				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BI	E PRINTED ON T	HE PATENT (print or ty	/pe)			
	ess an assignee is ident h in 37 CFR 3.11. Comp	ified be oletion o					w, the docu	ment has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Pioneer Surgical Technology, Inc. Marquette, Michigan								
lease check the appropri	iate assignee category or	categor	ies (will not be pri	nted on the patent):	lndividual 🔼 Co	orporation or other pr	rivate group	entity Government
4a. The following fee(s) a Issue Fee Publication Fee (N Advance Order - #	o small entity discount p	ermitte	<i>q)</i>	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
_ ~ ~ .	tus (from status indicated	•)	_				
a. Applicant claims NOTE: The Issue Fee and	s SMALL ENTITY statu			b. Applicant is no lo				
nterest as shown by the r	ecords of the United Sta	tes Pate	nt and Trademark	Office.	the applicant; a regi	stered attorney or ag	ent; or the a	ssignee or other party in
Authorized Signature	\$	F			Date Oc	tober 9, 20	08	
Typed or printed name	Stephen S.	Fava	akeh		Registration N	36 , 798		-
This collection of information application. Confident submitting the completed	ation is required by 37 Ciality is governed by 35 application form to the	FR 1.31 U.S.C. USPT(1. The information 122 and 37 CFR ID. Time will vary	n is required to obtain or .14. This collection is edepending upon the indi	retain a benefit by the stimated to take 12 revidual case. Any co	he public which is to minutes to complete, mments on the amo	file (and by including g unt of time	the USPTO to process) athering, preparing, and you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.